

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25776

1. PLACE OF DEATH

County Bueller
Township Ash Hill
City _____ (No. _____)

Registration District No. 92
Primary Registration District No. 51343

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Donald Eugene Vancil
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bueller Co

13. NAME Floyd Vancil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wencklin Co

15. MAIDEN NAME Bertha Craft

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wencklin Co

17. INFORMANT Bertha Vancil
(ADDRESS) Quinn mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stephens Eng DATE Aug 28 1933

19. UNDERTAKER A W Greer
(ADDRESS) Poplar Craft mo

20. FILED 8/28 1933 SETH Coaly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on Aug 27, 1933. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

accidental, kicked in stomach, by mule, instantly
188
Other contributory causes of importance: 188
281

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Scott Gooly, M. D.
(Address) Quinn mo

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